

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042443

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

3117

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Brentwood**

Length of stay in 1b  
**18 Yrs.**

c. CITY OR TOWN **Brentwood**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **2712 Manderly**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**2712 Manderly**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print) **ALOYS**

**B.**

**STREBLER**

4. DATE OF DEATH

Month

Day

Year

**Oct.**

**11**

**1963**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**11-10-1896**

9. AGE (last birthday)

**66**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinoma of colon**

INTERVAL BETWEEN ONSET AND DEATH

**6 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Carcinoma of Colon**

**10 months**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**none**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-18-49** to **10-11-63** and last saw him alive on **10-10-63**

Death occurred at **3:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**E. J. McCall M.D.**

22b. ADDRESS

**Brentwood Mo**

22c. DATE SIGNED

**10-11-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Oct. 14, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

25. DATE RECD. BY LOCAL REG.

**10-11-63**

26. REGISTRAR'S SIGNATURE

**John B. Murphy M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest W. Spillars  
Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.